

# Shetland Islands Council



Revenues  
8 North Ness Business Park  
Lerwick  
ZE1 0LZ  
01595 744683

local.taxation@shetland.gov.uk

## Council Tax Change of Name Form

### PART A: Personal information

Applicant's Previous Title and Name:

Applicant's New Title and Name:

Council Tax account number:

Address:

  
  

Post code:

### PART B: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief.

I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicant's signature:	Date:
<input type="text"/>	<input type="text"/>

Contact Telephone Number:	Contact Email Address:
<input type="text"/>	<input type="text"/>